



## Notes

This guide is an alphabetical listing of covered and non-covered services, products, and supplies. This is not meant to be an exhaustive guide of all TennCare coverage policies nor does it list all TennCare-covered or non-covered services.

A listing of TennCare-covered services, products, and supplies can be found in TennCare Rules & Regulations at:

1200-13-13-.04 [TennCare Medicaid]

1200-13-14-.04 [TennCare Standard]

A listing of services, products, and supplies that are specifically excluded from TennCare coverage can be found in TennCare Rules & Regulations at:

1200-13-13-.10 [TennCare Medicaid]

1200-13-14-.10 [TennCare Standard]

TennCare's web site:

[www.state.tn.us/tenncare/](http://www.state.tn.us/tenncare/)

*This Quick Guide replaces the one dated June 2007.*

The purpose of this “Quick Guide” is to provide a fast and easy way for people to identify what services, products, and supplies are covered by TennCare. This is not an exhaustive discussion of TennCare coverage policy, nor is it a legal document. It is simply a reference guide to services, products, and supplies that are listed in other TennCare documents as being either covered or non-covered by TennCare.

**Exception to General and Specific Exclusions: COST EFFECTIVE ALTERNATIVES (CEAs)** – Each MCC has the sole discretionary authority to provide certain cost effective alternatives, as approved by CMS, when providing appropriate medically necessary care. These services are otherwise excluded and are not provided. The CEAs are listed in the text. The reference for the CEAs is Policy BEN 08-001, which can be found on the TennCare website. Questions about CEAs may be directed to the TennCare Office of Policy at (615) 507-6480.

With each item is a TennCare Rule cite or TennCare Contractor Risk Agreement (MCO CRA) cite or Policy Statement where more information can be found. The fact that a service, product, or supply is not mentioned here does not necessarily mean it is or is not covered under certain circumstances. **All** services covered by TennCare **must be** medically necessary; when the word “covered” is used, it means that this item is covered but only if medically necessary.

Items with a “•” have more detail that can be found in the TennCare Rules.

**Abortion** – Abortions and services associated with the abortion procedure are covered only if the pregnancy is the result of an act of rape or incest; or in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death if the abortion is not performed. A “Certification of Medical Necessity for Abortion” is required.

[MCO & TennCare Select CRA § 2-3.; Middle Tennessee CRA § 2-7.]

**Adaptive Devices, Non-medical such as reactors, buttonhole adaptive devices, etc.** – Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Policy BEN 08-001]

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**Adult Day Care – Under Age 21:** Not Applicable. **Age 21 and older:** Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as a CEA, it is not provided.

[Policy BEN 08-001]

**Air Cleaners, Purifiers, or HEPA Filters** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Alcoholic Beverages** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Alcohol or Drug Treatment Services** – See *Inpatient and Outpatient Substance Abuse Benefits*

**Ambulance** – See *Emergency Air & Ground Ambulance Transportation; Non-Emergency Ambulance Transportation; and Non-Emergency Transportation*

• **Animal Therapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Appetite Suppression and Other Weight Reduction Drugs** – See *Pharmacy*

**Art Therapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Audiological Therapy or Training** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Audiometry** – See *Preventive services*

**Augmentative Communication Devices** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Autopsy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Barbiturates** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

Items with a “•” have more detail that can be found in the TennCare rules.

**Bariatric Surgery** – Defined as surgery to induce weight loss: Covered as medically necessary and in accordance with clinical guidelines established by the Bureau of TennCare<sup>1</sup>.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

• **Bathtub Equipment and Supplies** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Beds and Bedding Equipment** – Covered

[Rules 1200-13-13-.04 & .10; 1200-13-14-.04 & .10]

**Bed Baths and Sitz Baths** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Benzodiazepines** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Bioenergetic Therapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Biofeedback** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Blood Pressure Cuffs** – See *Sphygmomanometers*

• **Body Adornment and Enhancement Services** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Breast Surgery** – See *Reconstructive Breast Surgery*

• **Breathing Equipment** – Not Covered, **except** for spirometers which are covered for peak flow meters for medical management of asthma.

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Bypass Surgery** – See *Bariatric Surgery*

**Carbon Dioxide Therapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

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<sup>1</sup> Acceptable bariatric surgical procedures: Roux-en-Y Gastric; Biliopancreatic Diversion with Duodenal Switch. Gastric stapling is **not** an acceptable bariatric procedure.

• **Care Facilities or Service, the primary purpose of which is non-medical** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Carotid Body Tumor, Excision of, as Treatment for Asthma** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Chelation Therapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Chemotherapy** – Covered in either a hospital or home health setting.

See *Inpatient Hospital Services; and Home Health Care*

**Chiropractic Services – Under age 21:** Covered as medically necessary  
**Age 21 and older:** Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Circumcision** – See *Newborn Services*

**Clothing**, including adaptive clothing – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Cold Therapy Devices** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Comfort and Convenience Items** – Not Covered, including diapers/liners/underpads for enrollees younger than 3 years of age

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Community Health Services** – Covered

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Computers, Personal**, and peripherals including, but not limited to printers, modems, monitors, scanners, and software, including their use in conjunction with an Augmentative Communication Device – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Convalescent Care** – Not Covered

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Correctional Facilities – See Penal Institutions**

**Cosmetic Dentistry, Cosmetic Oral Surgery, and Cosmetic Orthodontic Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Cosmetic Prosthetic Devices – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

- **Cosmetic Surgery or Surgical Procedure** which is primarily for the purpose of changing the appearance of any part of the body to improve appearance or self-esteem, including scar revision– Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Counseling and Risk Factor Reduction Services – See Preventive Services**

- **Cushions, Pads, and Mattresses – Not Covered, except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Dance Therapy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

- **Dental Services – Under age 21:** Preventive, diagnostic, and treatment services as medically necessary. Dental services under EPSDT (TENnderCARE) include dental screens provided in accordance with the state's periodicity schedule and at other intervals as medically necessary. Orthodontic services must be prior approved and are limited to individuals under age 21, and will be paid for by TennCare for as long as the individual remains eligible for TennCare. If the orthodontic treatment plan is approved prior to the enrollee's attaining 20½ years of age, and treatment is initiated prior to the enrollee's attaining age 21, such treatment may continue as long as the enrollee remains eligible for TennCare. Orthodontic treatment will not be authorized for cosmetic purposes.

- **Age 21 and older:** Not Covered, except for orthodontic treatment when an orthodontic treatment plan was approved prior to the enrollee's attaining 20½ years of age, and treatment was initiated prior to the enrollee's attaining age 21, such treatment may continue as long as the enrollee remains eligible for TennCare. Dental Services for adults may be approved as a CEA at the sole discretionary authority of the MCC. If not provided as a CEA, it is not provided.

Items with a “•” have more detail that can be found in the TennCare rules.

The MCO is responsible for the provision of transportation to and from covered dental services, as well as the medical and anesthesia services related to the covered dental services.

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10; Policy BEN 08-001]

**Diagnostic Tests** conducted solely for the purpose of evaluating the need for a service which is excluded from coverage under these Rules – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Dialysis Services – See Renal Dialysis Clinic Services**

**Diapers – See Comfort and Convenience Items; and also Incontinence Products**

**Donor Organ Procurement – See Organ and Tissue Transplant and Donor Organ/Tissue Procurement Services; and Organ & Tissue Donor Services**

- **Durable Medical Equipment (DME) – Covered**

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Ear Plugs – Not Covered, except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

- **Educational Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Emergency Medical Services – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Emergency Air & Ground Ambulance Transportation – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Employment Physicals – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Encounter Groups or Workshops – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

- **Environmental Modifications – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

Items with a “•” have more detail that can be found in the TennCare rules.

**EPSDT Services [TENnderCARE] – Under age 21:** Screening and interperiodic screening covered in accordance with federal regulations. (Interperiodic screenings are screens in between regular checkups which are covered if a parent or caregiver suspects there may be a problem.) Diagnostic and follow-up treatment services covered as medically necessary in accordance with federal regulations.

**Age 21 and older:** Not Applicable

[Rules 1200-13-13-.04]

**Erectile Dysfunction Medication(s) – Not Covered**

Policy BEN 06-001

• **Exercise Equipment – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Experimental or Investigational Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Eyeglasses – See Vision Service**

**Family Planning Services – See Preventive Services**

**Fitness to Duty Examinations – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Floor Standers – Not Covered, except for children under age 21**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Food and Food Products** (distinct from food supplements or substitutes, as defined in Rules 1200-13-13-.10 & 1200-13-14-.10) – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Food Supplements and Substitutes Including Formulas – Under age 21:**

Covered as medically necessary. **Age 21 and older:** Not Covered, except that parenteral nutrition formulas, enteral nutrition formulas for tube feedings and phenylalanine-free formulas (not foods) used to treat PKU, as required by *Tennessee Code Annotated* § 56-7-2505, are covered for adults. In addition, oral liquid nutrition may be covered when medically necessary for adults with swallowing or breathing disorders who are severely underweight (BMI < 15 kg/m<sup>2</sup>) and physically incapable of otherwise consuming a sufficient intake of food to meet basic nutritional requirements.

[Rules 1200-13-13-.10 & 1200-13-14-.10 & T.C.A. § 56-7-2505]

**Footwear and Orthotics –** Therapeutic shoes for the treatment or prevention of foot complications associated with diabetes mellitus are covered as required by *Tennessee Code Annotated* § 56-7-2605.

[TCA § 56-7-2605]

**Gastric Stapling – See Bariatric Surgery**

• **Grooming Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hair Analysis – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hair Growth Agents – Not Covered**

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Hearing Aids, including the prescribing, fitting, or changing of hearing aids – Not Covered, except for children under age 21**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Home Health Care Services –** Covered with prior approval and certain limitations for adults age 21 and older; All home health care services must be delivered by a licensed Home Health Agency as defined by 42 CFR §440.70. A home health visit includes any of the following: Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Pathology and Audiology Services, and Home Health Aide.

[Rules 1200-13-13-.04 & 1200-13-14-.04; Limitations: 1200-13-13-.01 & 1200-13-14-.01; Prior Authorization Requirements: 1200-13-13-.04(7) & 1200-13-14-.04(8)]

• **Home Modifications and Items for Use in the Home – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Homemaker Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hospice Care –** Covered. To be provided to enrollees living at home or in a nursing facility. Hospice care must be provided by an organization certified pursuant to Medicare Hospice requirements. For those enrollees living in a nursing home who elect the hospice benefit, their room and board expenses at the nursing facility are part of the hospice benefit.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Hospital Inpatient Items** that are not directly related to the treatment of an injury or illness [such as radios, TVs, movies, telephones, massage, guest beds, haircuts, hair styling, guest trays, etc.] – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hotel Accommodations** – Not Covered, **unless** pre-approved in conjunction with a transplant or as a part of a non-emergency transportation service; or for persons receiving frequent treatment at a distant location to avoid the rigors of excessive travel - Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Rules 1200-13-13-.10 & 1200-13-14-.10; Policy BEN 08-001]

**Humidifiers (central or room) and Dehumidifiers** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hypnosis or Hypnotherapy** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Hysterectomy** – Covered pursuant to applicable state and federal regulations, with informed consent. The “Statement for Receipt of Information Concerning Hysterectomy” form is required. A hysterectomy is not covered if the sole purpose or primary purpose is to render the individual incapable of reproduction, or if it is performed for the purpose of cancer prophylaxis.

[MCO & TennCare Select CRA § 2-3.; Middle Tennessee CRA § 2-7]

**Icterus Index** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Immunizations** – See *Preventive Services*

**Impotence** – See *Infertility or Impotence*

**Incontinence Products** – Covered, **except**, diapers/liners/underpads are not covered for enrollees younger than 3 years of age.

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Infant/Child Car Seats** – Not Covered, **except** that adaptive car seats may be covered for a person with disabilities such as severe cerebral palsy, spina bifida, muscular dystrophy, and similar disorders who meets all of the following conditions:

- Cannot sit upright unassisted; and
- Infant/child car seats are too small or do not provide adequate support; and
- Safe automobile transport is not otherwise possible.

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Infertility or Impotence** – Services for the treatment of infertility or impotence for the reversal of sterilization – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Inpatient Hospital Services** – Covered. Preadmission and concurrent reviews are allowed.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Inpatient and Outpatient Substance Abuse Benefits – Under age 21:** Covered. **Age 21 and older:** Covered with a maximum lifetime limitation of 10 detoxification days and \$30,000 in substance abuse benefits (inpatient, residential, and outpatient). When medically appropriate and cost effective as determined by the BHO, services in a licensed substance abuse residential treatment facility may be provided as a substitute for inpatient substance abuse benefits.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Inpatient Rehabilitation Facility Services: Under age 21:** See *Inpatient Hospital Services*. **Age 21 and older:** Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Investigational Services** – See *Experimental or Investigational Services*

**Items or Services Furnished to Provide a Safe Surrounding**, including the charges for providing a surrounding free from exposure that can worsen the disease or injury – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Items or Services Ordered, Prescribed, Administered, Supplied, or Provided by an Individual or Entity That Has Been Excluded** from participation in the Medicaid program under the authority of the U.S. Department of Health and Human Services or the Bureau of TennCare – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

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**Items or Services Ordered, Prescribed, Administered, Supplied, or Provided by an Individual or Entity that is Not Licensed by the Appropriate Licensing Board – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Items or Services Outside the Scope and/or Authority of a Provider's Specialty and/or Areas of Practice – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Items or Services to the Extent That Medicare or a Third Party is Legally Responsible to Pay** or would have been legally responsible to pay except for the enrollee's or the treating provider's failure to comply with the requirements for coverage of such services – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Jail – See Penal Institutions**

**Lab and X-Ray Services – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

• **Lamps – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Lifts – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Ligation of Mammary Arteries, unilateral or bilateral – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Long-term Care Institutional Services** of a nursing home (NF), a nursing facility for the mentally retarded (ICF/MR), or a Home and Community Based Services (HCBS) alternative for these services – Covered by the Bureau outside the TennCare managed care program.

[Rule 1200-13-1-.03]

**Mammography Services – See Preventive Services**

**Medical Supplies – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

↪ For a list of **non-covered medical supplies** see Rules 1200-13-13-.10 & 1200-13-14-.10

• **Medical Supplies, Over-the-Counter – Under Age 21: Covered; Age 21 and older:** Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Rules 1200-13-13-.10 & 1200-13-14-.10; Policy BEN 08-001]

**Megavitamin Therapy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Mental Health Case Management – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Mental Health Crisis Services – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Methadone Clinic Services – Not Covered, except** for children under age 21

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Motor Vehicle Parts and Services – Not Covered**, including, but not limited to:

- Automobile controls
- Automobile repairs or modifications

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Music Therapy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Nail Analysis – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Naturopathic Services – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Necropsy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Nerve Stimulators – Not Covered, except** for vagus nerve stimulators after conventional therapy has failed in treating partial onset of seizures.

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Newborn Services** – Covered, including circumcision performed by a physician

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

*[See also Rules 1200-13-13-.04(13) & 1200-13-14-.04(13) regarding hospital discharges of mothers and newborn babies.]*

• **Non-Emergency Ambulance Transportation** – Covered

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Non-Emergency Services That Are Ordered or Furnished by an Out-Of-Network Provider** and that have not been approved by the enrollee's MCC for out-of-network care – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

• **Non-Emergency Transportation** – Covered as necessary for enrollees lacking accessible transportation for TennCare-covered services. The travel to access primary care and dental services must meet the requirements of the waiver terms and conditions. The availability of specialty services, as related to travel distance, should meet the usual and customary standards for the community. However, in the event the MCO or BHO is unable to negotiate such an arrangement for an enrollee, transportation must be provided regardless of whether or not the enrollee has access to transportation. If the enrollee is a minor child, transportation must be provided for the minor child and an accompanying adult. However, transportation for a minor child shall not be denied pursuant to any policy which poses a blanket restriction due to enrollee's age or lack of parental accompaniment. Tennessee recognizes the "mature minor exception" to permission for medical treatment.

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Nursing Services** – *See Private Duty Nursing*

**Nutritional Programs, Supplements, and Vitamins, over-the-counter** – Not Covered, **except** for prenatal vitamins for pregnant women and folic acid for women of child-bearing age which are covered; but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

*[Rules 1200-13-13-.10 & 1200-13-14-.10; Policy BEN 08-001]*

**Occupational Therapy – Under age 21:** Covered when provided by a Licensed Occupational Therapist, to restore, improve, stabilize, or ameliorate impaired functions. **Age 21 and older:** Covered when provided by a

Licensed Occupational Therapist, to restore, improve, or stabilize impaired functions.

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Organ and Tissue Transplant and Donor Organ/Tissue Procurement Services – Under age 21:** Covered

**Age 21 and older:** Covered when coverable by Medicare

**Both:** Experimental or investigational transplants are not covered

*[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]*

• **Organ and Tissue Donor Services – provided in connection with organ or tissue transplants** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Orthodontics** – *See Dental Services*

• **Out of State Services** - Not Covered, **except** for emergency situations; or where MCC prior authorization is given; or the out-of-state provider is participating in the enrollee's MCC network.

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Outpatient Hospital Services** – Covered

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Outpatient Mental Health Services (including Physician Services)** – Covered

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Outpatient Substance Abuse Treatment Benefits** – *See Inpatient and Outpatient Substance Abuse Benefits*

**Oxygen, except** when provided under the order of a physician and administered under the direction of a physician – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Oxygen, Preset System** [flow rate not adjustable] – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Penal Institutions** – Medical services for inmates confined in a local, state, or federal prison, jail, or other penal or correctional facility, including a furlough from such facility – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*



### **Pharmacy –**

- **Enrollees under age 21:** Covered, certain drugs (known as DESI, LTE, IRS drugs) - Not Covered
- **Enrollees age 21 and older and have TennCare Medicaid or are enrolled in the SSD program:** Covered, certain drugs (known as DESI, LTE, IRS drugs) - Not Covered
- **Enrollees age 21 and older and have TennCare Standard but are not enrolled in SSD program:** Not Covered

### **Pharmacy limits:**

- **Enrollees under age 21:** no limits
- **Enrollees age 21 and older and in an institution (NF or ICF/MR), or are receiving services through a HCBS waiver do not have prescription limits.**
- **Enrollees age 21 and older and have TennCare Medicaid but are not receiving TennCare-reimbursed services in a Nursing Facility or HCBS waiver program:** 5 prescriptions and/or refills per month, of which no more than 2 can be brand name drugs. The Bureau of TennCare maintains a list of drugs (the Automatic Exemption List) which do not count against the limit. There is also a list of drugs (the Prescriber Attestation List) which enrollees may receive even if they have reached a benefit limit, if the prescriber attests to the Bureau of TennCare that the need for these drugs is urgent.

### **Pharmacy Non-Covered Items, except for children under age 21:**

- Agents to promote smoking cessation
- Agents when used for cosmetic purposes or hair growth
- Agents when used for anorexia or weight loss
- Agents used to promote fertility
- Agents when used for the symptomatic relief of cough and colds
- Covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or his designee
- Over-the-counter drugs for which there is no prescription
- Barbiturates
- Benzodiazepines

### **Pharmacy Non-Covered Items**

- DESI, LTE, and IRS drugs

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Physical Therapy – Under age 21:** Covered when provided by a Licensed Physical Therapist, to restore, improve, stabilize, or ameliorate impaired functions. **Age 21 and older:** Covered when provided by a Licensed Physical Therapist, to restore, improve, or stabilize impaired functions.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

### **Physician Inpatient Services – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

### **• Physician Outpatient Services – Covered**

[Rules 1200-13-13-.04 & 1200-13-14-.04]

### **Play Therapy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

### **Prenatal Care – See Preventive Services**

**Preventive Services –** Covered, to include office visits, counseling and risk factor reduction intervention, family planning services, prenatal care, administration and interpretation of health risk assessment, immunizations, hearing screens including audiometry, and mammography.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Preventive, Diagnostic, and Treatment Services for Persons Under Age 21:** Screening and interperiodic screening covered in accordance with federal regulations. (Interperiodic screenings are screens in between regular checkups which are covered if a parent or caregiver suspects there may be a problem.) Diagnostic and follow-up treatment services covered as medically necessary in accordance with federal regulations.

### **Age 21 and older: Not Applicable**

[Rule 1200-13-14-.04]

### **Primal Therapy – Not Covered**

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**• Private Duty Nursing –** Covered, with prior approval and with certain limitations for adults age 21 and older, when prescribed by an attending physician for treatment and services rendered by a registered nurse (R.N.) or a licensed practical nurse (L.P.N.), who is not an immediate relative. Must be prior approved by the MCO.

[Rules 1200-13-13-.04 & 1200-13-14-.04; Limitations: 1200-13-13-.01 & 1200-13-14-.01; Prior Authorization Requirements: 1200-13-13-.04(7) & 1200-13-14-.04(8)]

**Prosthetic Devices, High Tech, for active lifestyles rather than standard prosthetic devices** – Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.  
[Policy BEN 08-001]

**Provision of Medical Assistance Which is Outside the Scope of Benefits as Defined by the Rules and Regulations of the TennCare Program** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Provision of Services to Persons Who Are Not Enrolled in TennCare, On The Date The Services Are Delivered** – Not Covered, **except** for limited special appeal provisions pertaining to children who are placed in Youth Development Centers (YDC) as defined in the *Grier Revised Consent Decree*, Section C.15.f, and pursuant to the DCS Interagency Agreement.  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Psychiatric Inpatient Facility Services** – Covered. Preadmission and concurrent reviews are allowed.  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Psychiatric Pharmacy Services** – See *Pharmacy Services*

**Psychiatric Physician Inpatient Services** – Covered  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Psychiatric Physician Outpatient Services** – Covered  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Psychiatric Rehabilitation Services** – Covered  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Psychiatric Residential Treatment** – Covered  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Psychodrama** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Psychogenic Sexual Dysfunction or Transformation Services** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Purchase, Repair, or Replacement of Materials or Equipment** when the reason for the purchase, repair, or replacement is the result of enrollee abuse – Not Covered, **except** for children under age 21  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Purchase, Repair, or Replacement of Materials or Equipment** that has been stolen or destroyed, **except** when the following documentation is provided:

- An explanation of continuing medical necessity for the item; and
- An explanation that the item was stolen or destroyed; and
- A copy of a police, fire department, or insurance report, if applicable.

Not Covered, **except** for children under age 21  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Purging** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Radial Keratotomy** – Not Covered, **except** for children under age 21  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Recertification of Patients in Level I or Level II Nursing Facilities** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

• **Reconstructive Breast Surgery** – Covered, in accordance with *Tennessee Code Annotated* § 56-7-2507.  
[Rules 1200-13-13-.04 & 1200-13-14-.04 & TCA § 56-7-2507]

**Recreational Therapy** – Not Covered  
[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Rehabilitation Services – Under age 21:** See *Inpatient Rehabilitation Facility Services; Occupational Therapy; Physical Therapy; and Speech Therapy*

**Age 21 and older:** See *Occupational Therapy; Physical Therapy; and Speech Therapy*  
[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Reimbursement** to a provider or an enrollee for the replacement of rented durable medical equipment [DME] that is stolen or destroyed – Not Covered, **except** for children under age 21

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Religious Counseling** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Renal Dialysis Clinic Services** – Covered. Generally limited to the beginning 90-day period prior to the enrollee's becoming eligible for the Medicare program.

*[Rules 1200-13-13-.04 & 1200-13-14-.04]*

**Repair of DME Items Not Covered by TennCare** – Not Covered, **except** for children under age 21

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Repair of DME Items** covered under the provider's or manufacturer's warranty – Not Covered, **except** for children under age 21

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Repair of a Rented DME Item** – Not Covered, **except** for children under age 21

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Retreats for Mental Disorders** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Rolfing**– Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Routine Health Services** which may be required by an employer; or by a facility where an individual lives, goes to school, or works, or by travel plans:

- Drug screenings
- Employment or pre-employment physicals
- Immunizations related to work or travel
- Insurance physicals
- Job-related illness or injury covered by worker's compensation

– Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Sensitivity Training or Workshops** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

• **Sensory Integration Therapy and Equipment** used in Sensory Integration Therapy – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Sensory Stimulation Services** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Services for Which There Is No Federal Financial Participation (FFP)** - Not Covered

*[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]*

**Services Provided by Immediate Relatives**, i.e., a spouse, parent, grandparent, step-parent, child, grandchild, brother, sister, half-brother, half-sister, a spouse's parents or step-parents, or members of the enrollee's household – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Services Provided Outside the United States or Its Territories** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Services That Are Free To The Public** – Not Covered, with the exception of services delivered in the schools pursuant to the Individuals with Disabilities in Education Act (IDEA)

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

• **Services Which Are Delivered In Connection With**, or required by, an item or services not covered by TennCare – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Sex Change or Transformation Surgery** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Sexual Dysfunction or Inadequacy Services and Medicine**, including drugs for erectile dysfunctions and penile implant devices – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Short-term Continuous Care, to include Level 2 NF care, for episodic conditions to stabilize a condition rather than admit to hospital or to facilitate hospital discharge – Under Age 21:** Covered

**Age 21 and older:** Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

*[Policy BEN 08-001]*

Items with a “•” have more detail that can be found in the TennCare rules.

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**Sitter Services – Not Covered**

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10]

**Smoking Cessation Agents/Drugs – Not Covered**

[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & -.10]

**Smoking Cessation Educational Classes for pregnant women** - Not Covered, but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

[Policy BEN 08-001]

**Specialized Mental Health Crisis Services** – See *Mental Health Crisis Services*

**Specialized Outpatient and Symptom Management Services** – See *Outpatient Mental Health Services*

**Speech, Language, and Hearing Services to Address Speech Problems** caused by mental, psychoneurotic, or personality disorders – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Speech Devices Including:**

- Phone mirror handvoice
- Speech software
- Speech teaching machines
- Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Speech Therapy – Under age 21:** Covered when provided by a Licensed Speech Therapist, to restore, improve, stabilize, or ameliorate impaired functions. **Age 21 and older:** Covered as medically necessary, as long as there is continued medical progress, by a Licensed Speech Therapist to restore speech after a loss or impairment.

[Rules 1200-13-13-.04 & 1200-13-14-.04]

**Sphygmomanometers** [blood pressure cuffs] – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Standing Tables** – Not Covered, **except** for children under age 21

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Stem Cell Transplants** – See *Organ and Tissue Transplant Services; and Donor Organ/Tissue Procurement Services*

**Sterilizations** – Covered, pursuant to applicable state and federal regulations for individuals who are at least 21 years of age, who are not institutionalized, who are mentally competent, and who give informed consent on the approved “Sterilization Consent Form” no less than 30 calendar days (or no less than 72 hours in the case of premature delivery or emergency abdominal surgery) but not more than 180 calendar days before the date of sterilization.

[MCO & TennCare Select CRA § 2-3.; Middle Tennessee CRA § 2-7]

**Sterilization Reversals** – See *Infertility or Impotence*

**Stethoscopes** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Substance Abuse Benefits** – See *Inpatient and Outpatient Substance Abuse Benefits*

**Supports:**

- Cervical pillows
- Orthotrac pneumatic vests

– Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**TENS Units** – See *Nerve Stimulators*

**Thermograms** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Thermography** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Time Involved in Completing Necessary Forms, Claims, or Reports** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Tinnitus Maskers** – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Toy Equipment** such as flash switches [for toys] – Not Covered

[Rules 1200-13-13-.10 & 1200-13-14-.10]

**Transportation** – See *Emergency Air & Ground Transportation; Non-Emergency Ambulance Transportation; and Non-Emergency Transportation*

**Transportation Costs such as:**

- Transportation to a provider who is outside the geographical access standards that the MCC is required to meet when a network provider is available within such geographical access standards or, in the case of Medicare beneficiaries, transportation to Medicare providers who are outside the geographical access standards of the TennCare program when there are Medicare providers available within those standards
- Mileage reimbursement, car rental fees, or other reimbursement for use of a private vehicle unless prior authorized by the MCC in lieu of contracted transportation services
- Transportation back to Tennessee from vacation or other travel out-of-state in order to access non-emergency covered services (unless authorized by the MCC)

– Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Transsexual Surgery** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Vision Services – Under age 21:** Preventive, diagnostic, and treatment services (including eyeglasses) – Covered

**Age 21 and older:** Medical eye care, meaning evaluation and management of abnormal conditions, diseases, and disorders (not including evaluation and treatment of the refractive state) is covered. One pair of cataract glasses or lenses is covered for adults following cataract surgery.

Non-covered for adults age 21 and older:

- Eyeglasses, sunglasses, and/or contact lenses, including eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, sunglasses, and/or contact lenses; procedures performed to determine the refractive state of the eye[s], but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.
- LASIK
- Orthoptics
- Vision perception training
- Vision therapy

*[Rules 1200-13-13-.04 & .10 & 1200-13-14-.04 & .10; Policy BEN 08-001]*

**Weight Loss or Weight Gain and Physical Fitness Programs including, but not limited to:**

- Dietary programs of weight loss programs, including, but not limited to Optifast, Nutrisystem, and other similar programs or exercise programs. Food supplements will not be authorized for use in weight loss programs or for weight gain.
- Health clubs, membership fees [e.g., YMCA]
- Marathons, activity and entry fees
- Swimming pools

– Not Covered, but may be approved as a CEA, for the treatment of obesity, at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.

*[Rules 1200-13-13-.10 & 1200-13-14-.10; Policy BEN 08-001]*

**Wheelchairs** – Covered as medically necessary, including powered wheelchairs, meaning 4-wheeled, battery-operated vehicles that provide back support and that are steered by an electronic device or joystick that controls direction and turning.

Not Covered, as follows:

- Wheelchairs defined by CMS as power operated vehicles (POVs), namely, scooters, and devices with 3 or 4 wheels that have tiller steering and limited seat modification capabilities (i.e., provide little or no back support), but may be approved as a CEA at the sole discretionary authority of the MCC. If denied as CEA, it is not provided.
- Standing wheelchairs
- Stair-climbing wheelchairs
- Recreational wheelchairs

*[Rules 1200-13-13-.10 & 1200-13-14-.10; Policy BEN 08-001]*

**• Whirlpools and Whirlpool Equipment** – Not Covered

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*

**Workers' Compensation** – Job-related illnesses or injuries covered by workers' compensation are not covered.

*[Rules 1200-13-13-.10 & 1200-13-14-.10]*